U.S. Department of Labor
Office of Labor-Management
Landards
Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Mainagement and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E 200 9	
1. File Number U - 13060	2. Fiscal Year Covered From:
	1 / 1 / 0 4 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Robert MichALKOVich	Name HEAVY & High way const workers LOCAL UNION 158 Labor Organization File Number 035-465
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 943 SPRUCE 57	Street 4655 LINGLESTOWN, Rd
city Kylpmont	City HARRISDORY, PA
State PA ZIP Code + 4 / 783 4 F	4 State PA ZIP Code + 4/7/1/2+ 4
5. Position in labor organization. Business Abe	NT (HARRISBURG AREA)
	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	

Signature

ZIP Code + 4

7.5. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informatic	חכ
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed Rober mulallish

On 8-11-0

510-373-3593

Date

Telephone Number

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

9. Business deals with

Name

Trade Name, if any:

a. Labor Organization

P.O. Box, Bldg., Room No., if any

b. Trust

c. Employer --- MONGY MANAGER

Street

City

State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

11.a. Nature of such dealing.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any).

14.a. Nature of payment.

Name SiEARA INVOSTMENT PARTNOR HOLIDAY GIFT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 FOX CHASE COURT

ROTTLE OF WINE

South HAMPTON, NJ.

N. F State

ZIP Code + 4 88-2837+4

13.b. Is the Business an Employer

or Consultant MONEY MANAGER 14.b. Amount of payment